

**Pt. 855, Att. 2**

**32 CFR Ch. VII (7-1-14 Edition)**

when a local civil airport is unavailable, or to accommodate a special event or project.

*Scheduled Air Carrier.* An air carrier that holds a scheduled air carrier certificate and provides scheduled service year round between two or more points.

*Unauthorized Landing.* A landing at an Air Force airfield by a civil aircraft without prior authority (approved DD Form 2401 and 24 hours prior notice).

*User.* The person, corporation, or other responsible entity operating civil aircraft at Air Force airfields.

**ATTACHMENT 2 TO PART 855—WEATHER  
ALTERNATE LIST**

ALTUS AFB OK  
ANDERSEN AFB GUAM  
CANNON AFB NM  
DOBBINS AFB GA  
DYESS AFB TX  
EARECKSON AFS AK \*  
EGLIN AFB FL  
EIELSON AFB AK  
ELLSWORTH AFB SD  
ELMENDORF AFB AK  
FAIRCHILD AFB WA  
GRAND FORKS AFB ND  
HILL AFB UT  
HOWARD AFB PA  
KADENA AB OKINAWA  
KELLY AFB TX  
KUNSAN AB KOREA  
LANGLEY AFB VA  
LAUGHLIN AFB TX  
MALMSTROM AFB MT  
McCHORD AFB WA  
McCONNELL AFB KS  
MINOT AFB ND  
MT HOME AFB ID  
NELLIS AFB NV  
OFFUTT AFB NE  
OSAN AB KOREA  
PLANT 42, PALMDALE CA  
TRAVIS AFB CA  
TYNDALL AFB FL  
YOKOTA AB JAPAN

**ATTACHMENT 3 TO PART 855—LANDING  
PERMIT APPLICATION INSTRUCTIONS**

A3.1. DD Form 2400, Civil Aircraft Certificate of Insurance: The insurance company or its authorized agent must complete and sign the DD Form 2400. Corrections to the form made using a different typewriter, pen, or whiteout must be initialed by the signatory. **THE FORM CANNOT BE COMPLETED BY THE AIRCRAFT OWNER OR OPERATOR.** Upon expiration, the DD Form 2400 must be resubmitted along with DD Form 2401 for continued use of Air Force airfields. The DD Form 2400 may be submitted to the decision authority by either the user or insurer. (Ap-

\*Formerly Shemya AFB.

proved by the Office of Management and Budget under control number 0701-0050)

A3.1.1. Block 1, Date Issued. The date the DD Form 2400 is completed by the signatory.

A3.1.2. Block 2a and 2b, Insurer Name, Address. The name and address of the insurance company.

A3.1.3. Block 3a and 3b. Insured Name, Address. The name and address of the aircraft owner and or operator. (The name of the user must be the same on all the forms.)

A3.1.4. Block 4a, Policy Number(s). The policy number must be provided. Binder numbers or other assigned numbers will not be accepted in lieu of the policy number.

A3.1.5. Block 4b, Effective Date. The first day of current insurance coverage.

A3.1.6. Block 4c, Expiration Date. The last day of current insurance coverage. The DD Form 2400 is valid until one day before the insurance expiration date. A DD Form 2400 with the statement "until canceled," in lieu of a specific expiration date, is valid for two years from the issue date.

A3.1.7. Block 5, Aircraft Liability Coverage. The amount of split limit coverage. All boxes in block 5 must be completed to specify the coverage for: each person (top line, left to right) outside the aircraft (bodily injury) and each passenger; and the total coverage per accident (second line, left to right) for: persons outside the aircraft (bodily injury), property damage, and passengers. **IF BLOCK 5 IS USED, BLOCK 6 SHOULD NOT BE USED.** All coverages must be stated in US dollars. **ALL SEATS THAT CAN BE USED FOR PASSENGERS MUST BE INSURED.** See Table 2 for required minimum coverage.

A3.1.8. Block 6, Single Limit. The maximum amount of coverage per accident. **IF BLOCK 6 IS USED, BLOCK 5 SHOULD NOT BE USED.** The minimum coverage required for a combined single limit is determined by adding the minimums specified in the "each accident" line of Table 2. All coverages must be stated in US dollars. **ALL SEATS THAT CAN BE USED FOR PASSENGERS MUST BE INSURED.**

A3.1.9. Block 7, Excess Liability. The amount of coverage which exceeds primary coverage. All coverages must be stated in US dollars.

A3.1.10. Block 8, Provisions of Amendments or Endorsements of Listed Policy(ies). Any modification of this block by the insurer or insured invalidates the DD Form 2400.

A3.1.11. Block 9a, Typed Name of Insurer's Authorized Representative. Individual must be an employee of the insurance company, an agent of the insurance company, or an employee of an insurance broker.

A3.1.12. Block 9b, Signature. The form must be signed in blue ink so that hand scribed, original signatures are easy to identify. Signature stamps or any type of facsimile signature cannot be accepted.